



STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS  
LABOR STANDARDS DIVISION  
ANDREW JOHNSON TOWER, 2<sup>nd</sup> FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0657  
(615) 741-2859

**RENEWAL APPLICATION**

**NOTICE: Tennessee Code Annotated §62-42-106(4) provides that if any holder of a license fails to renew that holder's license within sixty (60) days after registration becomes due, the license of such person shall be automatically revoked without further notice or hearing unless specifically requested.**

**INSTRUCTIONS:**    Please read all instructions before completing this renewal application.

1. Carefully fill in the requested information.
2. Using the enclosed continuing education hours or professional development hours form, submit your supporting documentation of twenty (20) (10 per annum) continuing education hours or twenty (20) (10 per annum) professional development hours in the areas of work organizations, human resources management, EAP policy administration, EAP direct services, chemical dependency and other addictions, and personal and psychological problems.
3. Submit proof of current liability insurance. Minimum requirements are Occurrence - \$1,000,000 and Aggregate - \$3,000,000.
4. Complete, sign and date the renewal application and return with a \$200 renewal fee. Please make check or money order payable to:  
***Tennessee Department of Labor and Workforce Development***
5. Return the requested documents and renewal fee to:

**Tennessee Department of Labor and Workforce Development**  
**Board of Employee Assistance Professionals**  
Attn: Annette Rowland, Administrative Assistant  
Labor Standards Division  
Andrew Johnson Tower, 2nd Floor  
710 James Robertson Parkway  
Nashville, TN 37243-0655



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**RENEWAL APPLICATION**

**(Please Print)**

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail information to: \_\_\_\_ Home Address \_\_\_\_ Business Address

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address (Home): \_\_\_\_\_

(Business): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

		YES	OR	NO
1.	Are you currently engaged in the illegal use of controlled substances?	_____		_____
2.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____		_____
3.	If you have ever applied for or held a license or certificate to practice employee assistance in any state, country, or province, was it or has it ever been denied, suspended, restricted, revoked, or voluntarily surrendered under threat of investigation or disciplinary action?	_____		_____
4.	Have you ever had a license or certificate to practice in a health care or other profession revoked, suspended, or restricted?	_____		_____
5.	Have you been otherwise disciplined or asked to voluntarily surrender a license/certification under threat of restriction or disciplinary action?	_____		_____
6.	Have you been convicted of a felony or a misdemeanor other than a minor traffic violation within the past 5 years?	_____		_____
7.	Have you ever been rejected or censured by a professional association?	_____		_____
8.	In relation to the performance of your professional services in any profession:	_____		_____
a.	Have you ever had a final judgment rendered <u>against</u> you; or	_____		_____
b.	Have you ever had a settlement of any legal action rendered <u>against</u> you; or	_____		_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____		_____

Please mark one:

\_\_\_\_\_ I would like to be listed as a supervising licensed employee assistance professional.

Please list my name, address, and telephone number as follows:

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Please mark the area(s) of the state where you want to be listed:

\_\_\_\_\_ East TN

\_\_\_\_\_ Middle TN

\_\_\_\_\_ West TN

\_\_\_\_\_ I would not like to be listed as a supervising licensed employee assistance professional.

I certify that the information given is true and complete to the best of my knowledge.

SIGNATURE OF  
APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_